



Nurse Corps News

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Submit your articles, photos, and BZs through your chain of command to

NCNewsletter@med.navy.mil

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Director's Corner

Greetings Nurse Corps Officers!

I wanted to take the opportunity to let everyone know that I have checked out of my Chief of Staff position at BUMED and have been on leave most of this month. On 27 June, I will have a Change of Command ceremony in San Antonio, TX, and will officially assume the duties as the Deputy Chief, Education

& Training (M7) and as the Commander, Navy Medicine Education and Training Command (NMETC).

Though my BUMED assignment has changed, I will remain the Director of the Navy Nurse Corps, proudly serving alongside each of you every day as a Nurse Corps Officer. I look forward to reconnecting with everyone again in July.

Ask the Admiral

Q: What has been the most challenging aspect of your career or the most difficult situation that you have faced? Having gone through those situations, looking back, how would you have handled them differently? What words of advice would you give to us so that we could be better prepared to handle those situations?

A: I believe this question deserves both a professional and a personal answer. Professionally, my most challenging assignments have been those that have caused me to "stretch and grow." We each have "those" pivotal assignments that push us to our limits, but that we look back on with gratitude for the many lessons and experiences provided. To be fully aligned with, supportive of and engaged in Navy Medicine's mission and strategic plan requires one to embrace life-long learning about one's "home" profession, but also

about so many other things in the organization and environment. It is not always so easy to achieve, but one must develop leadership skills as well as knowledge in other areas in order to engage in the organizational dialogue and planning. Understanding the organizational structure, resource management and human resource management have been tricky for me. My most pivotal assignments included my first Division Officer job, command Quality Improvement Coordinator with a tight timeline to inspection, and Executive Officer. I am not sure there are grand changes I would make in my approach to these jobs; my advice would be to understand the hard work and commit to it with a focus on "why" you have committed to the effort. Buckle in and get at it.

Personally, I am very happy with my career and with my life. I am truly blessed to



Rebecca McCormick-Boyle
RADM, NC, USN
Director, Navy Nurse Corps

love what I do and to have a family which fully supports me. That said, there is always room for improvement. I can be rather intense and, as I look back, there are two areas for improvement: 1) a better understanding of others and 2) a deeper understanding of my own balance. Because I am somewhat intense, I must work hard to understand and accept and be more nurturing of others. I am sure those who work closely with me are well aware of this flaw. My most important mentor always told me to temper my expectations. He was right and I am grateful for his advice. I am very happy with my work-life balance, but I do not think I had good insight into my balance in my early days. This is not to imply that I was unbalanced, but that I did not have good personal insight into myself.



Follow the Admiral on Twitter
[Twitter.com/Navy_NC](https://twitter.com/Navy_NC)





Tina Alvarado
RDML, NC, USN
Deputy Director,
Reserve Component

Operational training exercises are an essential element in maintaining Reserve Nurse Corps relevancy and readiness. Reserve nurses are integral to the success of these missions and these missions provide an excellent opportunity for hands on operational training across a variety of platforms. Navy Reserve Medicine (M-10) under the leadership of RADM Thomas Beeman, Assistant Deputy Surgeon General for Reserve Affairs, reviews and validates over 50 training exercises annually, as well as three major Innovative Readiness Training (IRT) exercises, which include Arctic Care, Tropic Care, and Cajun Care. All exercises support the Surgeon General's Strategic Goals of Readiness, Value, and Jointness and reinforce the message of America's Navy: A Global Force for Good. At the same time, Reserve Nurses can gain important operational skills and experience in

Reserve Training Maintains Nursing Skills and Helps Underserved Communities



the field, afloat, or in other austere environments which enhance their readiness for deployment.

Operational missions such as Golden Coyote and Northern Lights provide medical support and training in a joint environment. Medical support to Operation Golden Coyote (Camp Rapid, SD) is led by Expeditionary Medical Facility (EMF) Dallas One, while Northern Lights (FT McCoy, WI) is led by EMF Great Lakes One. More than 4,000 National Guard and allied forces train in a field environment in Golden Coyote. Our Reserve medical personnel man the clinic, provide medical support during the field exercises, and train Army personnel in first aid under fire scenarios thus enabling the Army Guard to conduct large scale training of their personnel. Our Reservists rotate their duty so that they are also able to engage in the rich training lanes offered by the Army Guard. Northern Lights is a joint readiness training effort which includes the Army, Air Force, and Navy all working together. The purpose of the exercise is to provide practical experience in the EMF environment. Training is conducted under rugged conditions and a great deal of material is covered in a short period of time, resulting in a strenuous training schedule in a simulated wartime environment.

These missions also provide Reserve nurses excellent opportunities for leadership training. This year, both exercises had Reserve nurses serving as the Officer in Charge. LCDR Shawna Miller led Golden Coyote, while LCDR Rodolfo Caños led Northern Lights. I am very proud of our nurse leaders and the overwhelming success of both of these exercises in helping to prepare our sailors for forward deployment.

IRTs are Civil-Military programs designed to improve military readiness while simultaneously providing quality services to underserved communities throughout America. These are joint military medical readiness exercises which bring no-cost health care to underserved residents in rural communities; Operation Arctic Care provides service in rural Alaska, while Operation Cajun Care serves Arkansas, and Operation Tropic Care brings service to underserved areas in Hawaii. Reserve nurses also participate in Humanitarian Assistance missions, Continuing Promise and Pacific Partnership, aboard the hospital ships USNS Comfort and Mercy.

In addition, other Operational Health Support Units (OHSU) sponsor a variety of field training exercises such as Operation Commanding Force, sponsored by OHSU

Portsmouth and held at FT Drum, NY, and the Operational Medicine Conference sponsored annually by OHSU Camp Lejeune. Medical Reservists from the 4th Medical Battalion participate in a wide array of exercises in support of the Marines. In the spirit of collaboration, all exercises sponsored by host Commands invite participation from members of other Commands. Every year, every Navy Reserve Command conducts some form of operational training at both the command and detachment level. The innovation and creativeness of all of our Commands in ensuring our sailors obtain essential training is astounding.

With the availability of operational training there is ample opportunity for Reserve nurses to add valuable skills and experience to enhance their career and gain confidence in providing essential patient care in a "boots in the dirt" or "boots on the deck" setting. Operational training also improves the competitiveness of the nurses who participate when going before promotion boards and APPLY. Short of actual deployment, these exercises are the next best training to ensure a relevant and ready future. Make sure you have one on your career progression plan.

The Importance of Maintaining Readiness

Nurse Corps Officers,

I hope everyone had an enjoyable spring and are able to make some vacation plans as we move into summer. This month, I wanted to discuss Readiness from a variety of perspectives. The Director of the 21st Century Sailor Office, RDML Sean Buck, addresses the Physical Readiness and Family Readiness programs. The Physical Readiness program examines total Sailor fitness and the Navy's physical fitness program. The Family Readiness program helps prepare the Sailor and their family for deployments, PCS moves, and reassignments. The Navy Surgeon General has Readiness as one of the Strategic Goals for Navy Medicine. The focus of this goal is to align our health services to support the manning and training requirements (joint, interagency, and international) of our Operational Commander. Supporting the warfighter is military medicine's pri-

mary mission and what sets us apart from our civilian counterparts.

Within Navy Medicine, the Naval Expeditionary Health Service Support Capabilities Development & Integration Program Office stood up in October, 2013. The primary goal of this office is to prioritize resources that provide ready and responsive health support to warfighter requirements. They are focusing their efforts on platforms such as Expeditionary Medical Facilities, Hospital Ships, and Forward Deployable Preventive Medicine Units and the personnel, supplies, equipment, and training requirements necessary to sustain each platform. These initiatives will help determine how Navy Medicine prepares to respond to operational taskings.

In alignment with the Navy Medicine goals are the five Nurse Corps Strategic Goals. In some way, all of our goals support the larger Readiness goal

of Navy Medicine. Our Workforce team is evaluating our billets and specialty mix to ensure appropriate resourcing of our operational and beneficiary mission. Our Strategic Partnership team is working to establish relationships and foster collaboration with our sister services. Our Professional Excellence team is evaluating the processes by which we cultivate our officers, both through professional and leadership development. In addition, the Clinical Excellence team is in the process of reviewing the requirements necessary to ensure alignment with current skill sustainment and competency. As we wind down from over a decade of war, we must ensure that the Navy Nurse Corps remains "ready to be ready."

Regardless of the platform or mission, it is each of our personal responsibilities to remain up-to-date with our leadership, clinical, and operational skills; to stay healthy and



Annette Beadle
CAPT, NC, USN
Deputy Director,
Active Component

fit; and to always maintain a state of Readiness as a member of the Navy Medicine team.



Nurses:

**Do you have a question to
"Ask the Admiral"?**

**Post your question to
[NCNewsletter @med.navy.mil](mailto:NCNewsletter@med.navy.mil)**



Kristen Atterbury
CAPT, NC, USN

Have an idea for an article or photos of you and your colleagues doing what you do best? Submit your articles, photos, and BZs through your chain of command to:

NCNewsletter@med.navy.mil

Policy and Practice Update

Nurses interested in Redesignation to Family Nurse Practitioner, Pediatric Nurse Practitioner, Nurse Midwife, or Nursing Research specialties may apply for specialty redesignation through the upcoming redesignation board scheduled for August, 2014. Eligible officers must be world-wide assignable in the desired specialty and must not be under obligation for Duty under Instruction (DUINS) or Registered Nurse-Incentive Specialty Pay (RN-ISP). Active Duty Nurse Corps Officers who have completed the education and certification requirements for one of the above specialties and desire redesignation must be within a 12-18 month window for rotation. Nurse Corps Officers who were previously approved to complete a second degree while attending DUINS and, upon completion of their utilization tour in the specialty for which they were selected, desire to work in the specialty of their second advanced degree, may apply for redesignation. For details and a sample request, please refer to the announcement via NC News distribution. All inquiries should be directed to contact **[CAPT Kristen Atterbury](#)** by email or phone: (703) 681-8927/DSN: 761 -

8927. Packages should be submitted to **ncpolicy-andpractice@med.navy.mil** no later than 31 July 2014.

Nurse Practitioner/ Clinical Nurse Midwife Utilization Instruction:

Soon to hit the streets is the revision of the BUMED Instruction regarding Nurse Practitioner and Clinical Nurse Midwife Utilization, BUMED 6550.10B. This revised instruction includes the incorporation of a period of transition or orientation for the newly graduated Nurse Practitioner and Clinical Nurse Midwife with the goal of successful transition from staff nurse to provider roles. This revised instruction is a result of strong collaboration among our specialty leaders: CDR Barbara Mullen (Family Nurse Practitioner), CAPT Maria Perry (Certified Nurse Midwifery and Women's Health Nurse Practitioner), CDR Jean Fisak (Mental Health), and LCDR Tim Brender (Pediatric Nursing).

Pediatric Specialty Leader:

On behalf of the Nurse Corps leadership, we would like to thank LCDR Timothy Brender for his contributions to Pediatric Nursing throughout his tenure as Specialty Leader. LCDR Brender consistently pro-

vided exceptional service as a leader, mentor, and subject matter expert for Pediatric Nursing, which has been invaluable for the community and will positively impact the Navy Nurse Corps for years to come. LCDR Brender is currently deployed in support of the Pacific Partnerships mission as a Pediatric Nurse Practitioner.

Welcome LCDR Kathryn Stewart to the Specialty Leader Group! LCDR Stewart was appointed as Specialty Leader for the Pediatric Specialties (1922/1974). LCDR Stewart is currently assigned as the Assistant Department Head for Pediatrics at Naval Medical Center Portsmouth, and brings an impressive resume to her new role including a diverse background of clinical and leadership experiences in inpatient and outpatient Pediatric settings, as well as Neonatal and Pediatric Intensive Care Units. Additionally she is a certified Pediatric Clinical Nurse Specialist and Acute Care Pediatric Nurse Practitioner. An impressive Navy nurse who is passionate about care of the pediatric patient, LCDR Stewart will undoubtedly represent Pediatric Nursing and the Navy Nurse Corps well!

Nurse Corps Graduate Programs Navy Medicine Professional Development Center (NMPDC)

Mark Copenhaver, CAPT, NC, USN

Nurses interested in becoming an Operating Room or Perioperative Nurse can apply for the Navy Perioperative Nurse Training Program. Candidates may find the program guideline and application template on the Perioperative Specialty Leader's NKO page. Selection boards are held in February, May, and September of each year. Solicitations for applicants are sent to Senior Nurse Executives approximately four weeks before the convening of each board.

The Navy Perioperative Nurse Training Program is coordinated and sponsored by Navy Medicine Profes-

sional Development Center (NAVMEDPRODEVCTR), Bethesda, MD, in close cooperation with the Bureau of Medicine and Surgery and the Bureau of Naval Personnel (PERS-4415). The purpose of this training is to provide Nurse Corps officers with the basic skills and knowledge to safely function as a beginning level operating room staff nurse. This 12-week course of instruction, accredited by NAVMEDPRODEVCTR for 40 contact hours of nursing continuing education credit, is offered at Naval Hospitals Camp Pendleton, CA, and Jacksonville, FL. Three courses

are conducted at each site per year. Officers who successfully complete training will be able to direct the perioperative activities essential for uncomplicated, elective surgical procedures scheduled in a single operating room. Graduates also qualify for a Perioperative Nurse Subspecialty Code of 1950V.

Permanent Change of Station (PCS) orders are given to officers selected for this training at their projected rotation date. Those selected will attend in transit to their next duty station. Training at PCS time is a mutual decision made between the parent command,

PERS-4415, and the gaining command. Most officers attending the course will do so in conjunction with a PCS move.

For further information please email [CDR Carol Burroughs](#), the Perioperative Specialty Leader, or call her at (571) 231-4515.



Research and EBP Podcasts Now Available

Dennis Spence, CDR, NC, USN, PhD, CRNA

Regional Director, Nursing Research, Navy Medicine West

I have some exciting news to share! The Triservice Nursing Research Program (TSNRP) has posted training videos on research and evidence based practice (EBP) on their website. These videos were the product of a FY-13 Navy Nurse Corps Strategic Goal Team whose mission was to "collaborate with the service branches and the TSNRP organization to develop multimedia evidence-based practice & research resources." The resources were provided by Army, Navy, and Air Force Researchers, as well as TSNRP, to help promote evidence-based practice and

conduct of research by nurses, physicians, and other allied health professionals in the DOD.

These videos may be found at the following links on [YouTube](#) and [MilSuite](#). However, YouTube is blocked at many commands during working hours and MilSuite requires a CAC card to access the resources.

With the help of Major Richard Clark, NC, USA, Informatics Research Fellow at TSNRP, the videos are now available (at home or at work) [here](#).

Topics covered include:

EBP

- EBP Part 1: Introduction to EBP
- EBP Part 2: Overview of Processes and Models
- EBP Part 3: Searching and Reviewing the Scientific Literature
- EBP Part 4a: Research Article Critique
- EBP Part 4b: Research Article Critique-Statistics Overview
- EBP Part 5: Appraising and Synthesizing the Evidence
- EBP Part 6: Implementation
- EBP Part 7: Dissemination
- EBP Part 8: IRB Issues

Research

- Formulating a Research Question
- Research Design – Experimental and Quasi-Experimental
- Qualitative Research Methods, Case Study Research
- Survey Research
- Research Methods
- The Role of Biostatistics in Research

Medical Writing

- Scientific Writing Tips
- How to Write an Abstract
- How to Make a Poster
- Writing a Scientific Paper
- How to Write a Case Report

Specialty Leader Update: Operational Nursing



Carl Goforth
CDR, NC, USN

While the draw-down in Afghanistan has led to fewer deployments to that region, Nurse Corps Officers remain committed and engaged globally in a number of challenging and rewarding operational assignments. I would like to first thank you for everything you do. I am honored to stand with you as a fellow Nurse Corps Officer and

Operational Specialty Leader.

Survival rates have been at their highest and Clinical Practice Guidelines (CPGs) have been a key contributor. The development of combat casualty care over the course of Operation Iraqi Freedom and Operation Enduring Freedom has been a success story of adaptation and evolution, in turn driving substantial improvements in battlefield casualty care. This effort began when the Services implemented the Joint Theater Trauma System (JTS) in 2004. The purpose of the JTS is to incorporate a systematic, documented trauma system. The four tenets of JTS are: right patient, right place, right time, right care with the vision that every soldier, sailor, airman, and marine injured in the battlefield will have the optimal chances of

survival and recovery.

One of the missions of the JTS is to provide timely and relevant information about trauma care and outcomes, and this data directly led to the development of CPGs. The first CPG, Intratheater Transfer and Transport, was released by JTS in December, 2008. Since then, 38 more CPGs have been published to address a wide range of operational clinical processes, including fresh whole blood use and damage control resuscitation. CPGs have served as resources for Operational nurses and other members of the healthcare team with a goal of reduced clinical variation and improved outcomes. In several analyses, CPGs have proven to be effective in improving outcomes. Following its introduction, for example, the use of the CPG for burn

resuscitation has resulted in decreased mortality from 36% to 18%. Potentially the largest CPG impact has been realized after introduction of the damage-control resuscitation (DCR) paradigm, with a reduction from 32% to 20%.

All 39 CPGs can be found online [here](#). Most importantly, these CPGs should continue to be referenced and are relevant to operational nursing whether operating from a CVN, Fleet Surgical Team, or with a Marine Corps unit. Please contact me if you would like more information about CPGs or our many operational opportunities.

For any questions, I can be reached at either of the following email addresses:

carl.goforth@usmc.mil
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Navy Nurse Anesthetist Program – A Student's Perspective

Kimberly Tozer, LT, NC, USN, SRNA

When I began the Nurse Anesthesia program at the Uniformed Services University of the Health Sciences (USUHS) in May, 2012, it was difficult to fully comprehend the 30-month journey upon which I was about to embark. It is, by far, one of the most challenging but rewarding experiences of my life. From the application process to the final months in clinical training, the program has taught me to perform at a level I didn't believe was possible. On my first day, after being handed a gigantic stack of textbooks, I asked myself, "What was I thinking?!" It didn't take long to adjust to academic life again and I quickly found a rhythm of attending class, studying, and balancing home life.

The exceptional USUHS instructors and the program's well organized curriculum make the program possible for anyone ready for the challenge of becoming a Navy CRNA.

Phase I, the didactic segment of the program, began at USUHS in Bethesda, Maryland. I spent an intense but exciting year learning the core principles of anesthesia from the most talented anesthesia instructors in the nation. From advanced anatomy and physiology, to pharmacology and advanced anesthetic principles, the first phase's objective is to provide expert knowledge of anesthesia.

Next, I was assigned to Naval Medical Center San

Diego for the Phase II clinical experience. Phase II is a non-stop, 18-month rigorous clinical experience begins the minute you arrive and lasts until the day you graduate, which for me will be December, 2014.

Like any challenging clinical program, the Nurse Anesthesia program at USUHS has high expectations of their students. Someone once told me, "Nothing worthwhile is ever easy." Success in this type of program takes a humble attitude, hard work, and sheer determination. Currently, as a student enrolled in the program, I can say without a doubt that I'm happy, humble, and lucky to be here. I have met lifelong friends, made incredible memories, and

most importantly gained anesthesia experience that is highly competitive to most nurse anesthetist programs. The Navy's nurse anesthesia program has afforded me opportunities to excel and become independent in specialty areas such as obstetric, regional, and trauma. When I started the program, I thought my critical thinking skills were fairly well developed; however, this program takes those skills to a whole new level. With the wide range of experience provided, along with the outstanding staff and varied clinical facilities, my training has been beyond exceptional. I have no regrets and I look forward to the experiences the Navy has to offer!

Nurse Corps Legacy: Amputees in Active Duty Service

Sixty-three years ago, in 1951, Lieutenant Sarah Griffin Chapman, who had lost her lower left leg in an accident and retired, fought successfully for reinstatement to active duty so that she could care for troops returning from combat in Korea and teach other young amputees how to walk again.

Today, amputees remain-

ing in or returning to active duty service are far more common — even in combat deployments. Active duty wounded warriors have even been featured in major motion pictures.

While advances in medical knowledge, prosthetic technology, and rehabilitation play a major role in their fantastic recoveries, none of this

would be possible without trailblazers like LT Sarah Griffin Chapman, who pushed the envelope to demonstrate her capabilities, earned reinstatement, and proved that amputees could continue to make valuable contributions to the military.



U.S. Navy photo

Father and Daughter Share Naval Career Milestones

Bill W. Love, Naval Health Clinic Corpus Christi Public Affairs

Navy Captain Stephen J. Lepp's daughter, Kirsten, was only 3-years-old when he advanced to lieutenant. Twenty-two years later on June 2, 2014, at Naval Health Clinic Corpus Christi (NHCCC), TX, he officiated at her promotion ceremony.

Navy nurse Kirsten M. (Lepp) Strzok, who indicated said that she could think of no better person to share this milestone with than her father, raised her right hand and repeated the solemn oath after him for promotion to lieutenant.

"It was an honor and a privilege to have him as my presiding officer," said Strzok, a newlywed. Her husband, Devin, a lieutenant and skipper of the United States Coast Guard Cutter Steelhead, stated that he was very proud of her and added, "It's tough managing dual officer careers, but I'm happy that our paths crossed."

Strzok said that she is honored to have followed in her father's footsteps by beginning her journey in the Naval Reserve Officer Training Corps (NROTC) program at Marquette University as he had done. "On my commissioning day May 22, 2010, my father was also there to administer the oath to me," she said. "It was one of the proudest days of my life!"

CAPT Lepp is currently division director for Career Training Division, PERS-83, Bureau of Naval Personnel, and LT Strzok is the disease manager in the Medical Home Port at NHCCC as well as the clinic's HEDIS (Healthcare Effectiveness Data and Information Set) team leader. HEDIS is the most widely used performance measurement tool in health care, used to track clinical quality and patient experiences, for example, in preventive healthcare needs and chronic prob-



CAPT Stephen J. Lepp congratulates his daughter, Navy nurse Kirsten M. (Lepp) Strzok, after promoting her to lieutenant at Naval Health Clinic Corpus Christi.
(U.S. Navy photo by Bill W. Love/Released)

lems such as diabetes and high cholesterol.

NHCCC Commanding Officer, CAPT Jimmy A. Bradley also participated in Strzok's ceremony, and had a personal message for her. "We are honored to have your father with us this morning," said Bradley. "Thank you for all you have done lieutenant, we appreciate your leadership."

Strzok, from Memphis, Tenn., expressed satisfaction about her new career achievement. "The rank of lieutenant encompasses the experience I have gained in the past four years, my pride in the service and the promise of my future in the Nurse Corps."

Happy 106th Birthday, Navy Nurse Corps!

Established by Congress on 13 May 1908, the Navy Nurse Corps celebrated its 106th

birthday this year. The following photos show how Navy Nurses around the world cele-

brated the special day with cake cuttings, ice cream socials, family nights out, special guest

speakers, and murder mysteries.



Naval Hospital Guantanamo Bay



Naval Health Clinic Annapolis



Naval Hospital Twentynine Palms



Navy Medicine Training Support Command, Fort Sam Houston



Naval Health Clinic Hawaii



Naval Health Clinic Corpus Christi



Naval Health Clinic Oak Harbor



Naval Hospital Pensacola



Naval Health Clinic Cherry Point



Naval Hospital Sigonella

DNSes and SNEs:
Would you like to see your command featured
in our new Spotlight on a Command section?
Contact us to find out how!

NCNewsletter@med.navy.mil



Walter Reed National Military Medical Center



Bureau of Medicine and Surgery (BUMED)

Bravo Zulu



Certifications

- RN Sabrina Barrus at NH Yokosuka passed the Inpatient Obstetric (RNC-OB) certification exam.
- LT Sheree Blackwell at NMC Portsmouth passed the Perioperative (CNOR) certification exam.
- LT Shawn Crowther at NH Yokosuka passed the Inpatient Obstetric (RNC-OB) certification exam.
- LT Alea Depauw at NH Yokosuka passed the Inpatient Obstetric (RNC-OB) certification exam.
- LT Darcy Dunlap at NMC Portsmouth passed the Perioperative (CNOR) certification exam.
- LCDR Kathleen Macapagal at NH Yokosuka passed the Lactation Consultant (IBCLC) certification exam.
- LT Hannah O'Hara at NH Yokosuka passed the Inpatient Obstetric (RNC-OB) certification exam.
- LT Suzanne Sutherland at NMC Portsmouth passed the Perioperative (CNOR) certification exam.
- LT Larry Yatchak at NMC Portsmouth passed the Perioperative (CNOR) certification exam.

Education

- LCDR Eric Bopp at NMC San Diego received his PhD in Nursing from the University of San Diego.
- LT Elyse Braxton at NH Oak Harbor received her Master of Arts in Human Services: Health & Wellness from Liberty University.
- LT Nicole Cuthbertson at Naval Medical Center San Diego received her Master of Science in Nursing degree with highest distinction from Liberty University.

Achievements

- LCDR Eric Bopp at NMC San Diego was awarded first place at the Navy Wide Academic Research Competition, Resident Category, hosted by NMC Portsmouth. His research project was entitled "Is Combat Exposure Predictive of Higher Preoperative Stress in Military Members?" LCDR Bopp was a 1972D DUINS student and a recipient of a Tri-Service Nursing Research Program Graduate Award Grant. Bravo Zulu, Commander!
- Ms. Karen Lytle, Lead Case Manager at Naval Health Clinic New England, was requested by name to perform a review of case management services at NHC Charleston from 13-15 May 2014. During this review, Ms. Lytle performed AHLTA and Tri-Care Service record reviews, reviewed BUMED Medical Inspector General self-assessment checklists, and met with not only NHC Charleston's case managers, but leadership and nurses from the Medical Home Port program, including nurses from the Military Medicine Department. Based upon Ms. Lytle's reviews, several requests were made for changes that will improve efficiencies of both the case management and Medical Home Port programs at NHC Charleston. Bravo Zulu!

Nurses:

Do you have an achievement such as certification or continuing education to celebrate? Your shipmates want to hear about it! Send your announcement through your chain of command to:

[NCNewsletter @med.navy.mil](mailto:NCNewsletter@med.navy.mil)